

106TH CONGRESS  
1ST SESSION

# H. R. 1090

To amend title XVIII of the Social Security Act to exclude cancer treatment services from the prospective payment system for hospital outpatient department services under the Medicare Program.

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## IN THE HOUSE OF REPRESENTATIVES

MARCH 11, 1999

Mr. GREEN of Texas (for himself, Mr. TOWNS, Mr. LATOURETTE, Mr. SHOWS, Mr. MEEHAN, Mr. GONZALEZ, Mr. FROST, Mr. PALLONE, Mr. NADLER, Mrs. MALONEY of New York, Mr. BENTSEN, Ms. DELAURO, Mrs. KELLY, Mr. LAFALCE, Mr. RODRIGUEZ, Mrs. MINK of Hawaii, Mr. RAHALL, Mr. FOLEY, Mr. WALSH, Mr. WYNN, Mr. KOLBE, and Mrs. EMERSON) introduced the following bill; which was referred to the Committee on Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

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## A BILL

To amend title XVIII of the Social Security Act to exclude cancer treatment services from the prospective payment system for hospital outpatient department services under the Medicare Program.

1 *Be it enacted by the Senate and House of Representa-*  
2 *tives of the United States of America in Congress assembled,*

1 **SECTION 1. SHORT TITLE; FINDINGS.**

2 (a) SHORT TITLE.—This Act may be cited as the  
3 “Medicare Full Access to Cancer Treatment Act of 1999”.

4 (b) FINDINGS.—Congress makes the following find-  
5 ings:

6 (1) The treatment of cancer is complex and de-  
7 pends on the differing needs of individual patients.

8 (2) Patients with cancer should have access to  
9 the latest and most effective treatments available.

10 (3) Supportive care drugs are an integral and  
11 necessary part of comprehensive quality cancer  
12 treatment.

13 (4) The Medicare Program’s payment policy  
14 should respect the differing needs of cancer patients  
15 and encourage the use of the most safe and effective  
16 treatments in medically appropriate settings.

17 (5) The Medicare Program should not create fi-  
18 nancial incentives that reward the use of older, less  
19 effective drugs, that reward the use of inadequate  
20 supportive care treatments, and otherwise undermine  
21 the delivery and availability of safe and effective  
22 cancer care.

23 (6) Any prospective payment system for services  
24 furnished under the Medicare Program to Medicare  
25 beneficiaries that is passed by Congress and imple-  
26 mented by the Health Care Financing Administra-

1       tion must not undermine the principles stated in  
2       paragraphs (1) through (5).

3   **SEC. 2. PAYMENT FOR CANCER SERVICES EXCLUDED FROM**  
4                   **HOSPITAL OUTPATIENT DEPARTMENT SERV-**  
5                   **ICES PROSPECTIVE PAYMENT SYSTEM.**

6       (a) IN GENERAL.—Section 1833(t)(1) of the Social  
7   Security Act (42 U.S.C. 1395l(t)(1)) is amended—

8               (1) in subparagraph (B), by striking “For” and  
9       inserting “Except as provided in subparagraph (C),  
10      for”, and

11              (2) by adding at the end the following new sub-  
12      paragraph:

13                   “(C) EXCLUDED SERVICES.—The term  
14              ‘covered OPD services’ does not include any of  
15              the following items and services:

16                              “(i) OUTPATIENT CANCER TREAT-  
17                              MENT.—Services consisting of any drug or  
18                              biologic therapy as treatment, supportive  
19                              care, or both for patients with cancer.”.

20       (b) EFFECTIVE DATE.—The amendments made by  
21      subsection (a) apply with respect to payments under the  
22      Medicare Program for hospital outpatient department  
23      services made on or after the date of the enactment of  
24      this Act.

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